

SERFF Tracking Number:	CAPC-125498445	State:	Arkansas
Filing Company:	Capitol Indemnity Corporation	State Tracking Number:	EFT \$50
Company Tracking Number:	08-INTER-FO-CW-021		
TOI:	35.0 Interline Filings	Sub-TOI:	35.0002 Commercial Interline Filings
Product Name:	Common Policy Dec & Form Schedule		
Project Name/Number:	Common Policy Dec & Form Schedule/08-INTER-FO-CW-021		

Filing at a Glance

Company: Capitol Indemnity Corporation

Product Name: Common Policy Dec & Form Schedule
 SERFF Tr Num: CAPC-125498445 State: Arkansas

TOI: 35.0 Interline Filings

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 35.0002 Commercial Interline Filings
 Co Tr Num: 08-INTER-FO-CW-021 State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
 Llyweyia Rawlins, Brittany Yielding
 Disposition Date: 02/29/2008

Authors: Amanda Mullen,
 Stephanie Pasker

Date Submitted: 02/22/2008

Disposition Status: Approved

Effective Date Requested (New): 04/01/2008

Effective Date (New): 04/01/2008

Effective Date Requested (Renewal): 06/01/2008

Effective Date (Renewal):
 06/01/2008

State Filing Description:

General Information

Project Name: Common Policy Dec & Form Schedule

Project Number: 08-INTER-FO-CW-021

Reference Organization:

Reference Title:

Filing Status Changed: 02/29/2008

State Status Changed: 02/29/2008

Corresponding Filing Tracking Number:

Filing Description:

Re: Common Policy Declarations CIG 174 (01-08)

Policy Coverage Part Form Schedule CIG 179 (01-08)

File Number: 08-INTER-FO-CW-021

Effective Date: 04/01/08 new business, 06/01/08 renewal business

Company NAIC Number: 10472; FEIN: 39-0971527

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

<i>SERFF Tracking Number:</i>	<i>CAPC-125498445</i>	<i>State:</i>	<i>Arkansas</i>
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Please replace Common Policy Declarations CIG 174 (04-05) with the attached final printed copy of our new Common Policy Declarations CIG 174 (01-08) and Commercial Policy Coverage Part Form Schedule CIG 179 (10-93) with the attached final printed copy of our new Policy Coverage Part Form Schedule CIG 179 (01-08).

Explanatory Memo

1. CIG 174 (01-08)-Common Policy Declarations – We have removed the company address from the header. Rather than listing all possible applicable coverage parts, we will now only show coverage parts with premium for the policy. We have also removed the year of the Terrorism Risk Insurance Act in order to avoid future filings when the Act year changes.

2. CIG 179 (01-08) - Policy Coverage Part Form Schedule – We have removed the company name and address and revised the title to Policy Coverage Part Form Schedule.

Capitol Indemnity Corporation respectfully requests that this filing be made effective on or after 04/01/08 new business and 06/01/08 renewal business.

Thank you for your time and consideration.

Company and Contact

Filing Contact Information

Amanda Mullen,	akmullen@capitolindemnity.com
PO Box 5900	(608) 829-4839 [Phone]
Madison, WI 53705	(608) 829-7402[FAX]

Filing Company Information

Capitol Indemnity Corporation	CoCode: 10472	State of Domicile: Wisconsin
PO Box 5900	Group Code: 501	Company Type:
Madison, WI 53705	Group Name:	State ID Number:
(608) 829-4200 ext. [Phone]	FEIN Number: 39-0971527	

SERFF Tracking Number: CAPC-125498445 *State:* Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Forms filing = \$50
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Capitol Indemnity Corporation	\$50.00	02/22/2008	18116600

<i>SERFF Tracking Number:</i>	<i>CAPC-125498445</i>	<i>State:</i>	<i>Arkansas</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/29/2008	02/29/2008

<i>SERFF Tracking Number:</i>	<i>CAPC-125498445</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 02/29/2008

Effective Date (New): 04/01/2008

Effective Date (Renewal): 06/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>CAPC-125498445</i>	<i>State:</i>	<i>Arkansas</i>
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Common Policy Declarations	Approved	Yes
Form	Policy Coverage Part Form Schedule	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Common Policy Declarations	CICG 174	01-08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CICG 174 04-05 Previous Filing #:		VIII CICG174 01-08 filing copy.pdf
Approved	Policy Coverage Part Form Schedule	CICG 179	01-08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CICG 179 10-93 Previous Filing #:		VIII CICG179 01-08 filing copy.pdf

[Insert Company Name]
[Insert Company Mailing Address)

COMMON POLICY DECLARATIONS

RENEWAL OF NUMBER:

POLICY NUMBER	POLICY PERIOD	AGENCY
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NAMED INSURED AND ADDRESS	AGENT
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POLICY PERIOD:

12:01 A.M. Standard Time at the address of the insured stated herein

BUSINESS DESCRIPTION:

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

[Insert Coverage Part(s) and Premium	\$
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TOTAL ADVANCE PREMIUM	\$]
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Premium shown is payable:	\$
TERRORISM RISK INSURANCE ACT OF [insert year]	\$

* THE LIABILITY PREMIUM BASIS OF THIS POLICY IS SUBJECT TO AN AUDIT. ADDITIONAL OR RETURN PREMIUMS MAY BE DUE.

FORMS APPLICABLE TO ALL COVERAGE PARTS: See Attached Policy Coverage Part Form Schedule

Countersigned

By _____
Authorized Representative

[Insert Company Name]
[Insert Company Mailing Address)

POLICY COVERAGE PART
FORM SCHEDULE

POLICY NUMBER		POLICY PERIOD	AGENCY
NAMED INSURED AND ADDRESS		AGENT	

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

Form	Edition	Description
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<i>SERFF Tracking Number:</i>	<i>CAPC-125498445</i>	<i>State:</i>	<i>Arkansas</i>
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Rate Information

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	02/29/2008
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Comments:

Attachment:

AR Transmittal Doc.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1